

SOUTHERN DISTRICT OF NEW YORK

Robert W. Johnson,
Plaintiff.

v.

Pfizer, et al.,
Defendants.

Docket No.

Jury Trial Demand: Yes.
IFP FORM & MOTION

19 CV 8249

I, Robert W. Johnson, am the Plaintiff/Petitioner in the above-entitled case & hereby request the Courts permission to proceed in forma pauperis.

In support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of this action or to give security therefor & that I believe I am entitled to redress. I further declare that the responses which I have made in this affirmation below are true.

I am not presently employed.

Monthly Wage is \$0.

Last date of employment 10/29/12.

No Spouse. ; No money received in last (12) months.

I do not own a business, profession or self-employment.

I have no rent payments, interests or dividends.

No pensions, annuities, disabilities or life insurances.

No gifts or inheritances. ; No child support.

No government benefits.

No money from friends, relatives or other sources.

I am a poor person who qualifies for IFP status.

No total gross income \$ 0.

No money on-hand. ; No checking accounts.

I am not an inmate.

I do not own real estate, stocks, bonds, notes, automobiles or other valuable property.

No rent, Mortgage : \$0.; Food : \$0.; Other Expenses : \$0.

No other people in household.

I have no dependents.

I have not been adjudicated bankrupt in past (10) years.

I declare under penalty of perjury, the foregoing
is true & correct.

August 21, 2019

Robert W. Johnson
Robert W. Johnson
3345 FISH AVE.
APT. 1
BRONX, NY 10469

CERTIFICATE OF SERVICE

I, Robert W. Johnson, the Plaintiff certify
that on August 21, 2019 I served a copy
of ^{IFP Motion} Civil Cover Sheet & Complaint via
U.S. Mail to the following:

1. Court Clerk
U.S. Courthouse
500 Pearl St.
New York, NY 10007

August 21, 2019

Robert W. Johnson
Robert W. Johnson
3345 FISH AVE. : APT. 1
BRONX, NY 10469

**AMSC LLC
Rx RECONCILIATION**

Procedure(s): NNX ANES&/STRD W/IMG TFRML EDRL
LMBR/SAC 1 LVL, NNX ANES&/STRD W/IMG
TFRML EDRL LMBR/SAC EA LV

Patient Name: Johnson, Robert
Patient ID: 850
Exam Date: 1/9/2018
Account#: 31579

Exam Date: 1/9/2018	Patient ID: 850	Doctor: Marini, Robert
Patient Name: Robert Johnson	DOB: 02/26/1984	Gender: Male

Pre-Procedure / Active Medications

Naproxen 500mg

Confirmed 1/9/2018

Discharge Comment

Continue as prescribed.

RX RECONCILIATION

The medications listed above in the Current Medications area are the medications you were taking prior to this procedure.

Contact prescribing MD regarding continued use of all prescribed medications?

Any additional instructions? **NO**

Source of medication information: **Patient / Guardian verbal statements**

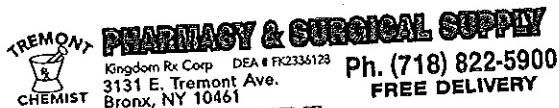
Medication reconciliation given to patient? **YES**

The medications listed below in the Discharge Medications area are the medications you should be taking after discharge.

Discharge Medications**Discharge Medications From Pre-Procedure / Active Medications****Discharge Comment**

No Discharge Medications

Provider Signatures



JOHNSON, ROBERT
840 EDISON AVE #BSMNT (347)398-9740
BRONX NY 10461
Rx#: 218625 Date Filled: 11/13/2017
NAPROXEN SR TAB 500MG
NDC: 47781-0154-75

Dr. KYLE OTTO
Refills: 1

Qty: 60
Days: 30
Plan: CSIF

Due : \$0.00

** THANK YOU **
YOUR FRIENDLY NEIGHBORHOOD PHARMACY

You may report side effects
to FDA at 1-800-FDA-1088.

TREMONT PHARMACY & SURGICAL SUPPLY
Kingdom Rx Corp. DEA # FX2335128
3131 E. Tremont Ave.
Bronx, NY 10461

Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
840 EDISON AVE #BSMNT (347)398-9740
BRONX NY 10461
Rx#: 223578 Date Filled: 11/10/2017
TRAMADOL ER CAP 150MG
NDC: 69467-1001-01

Dr. KYLE OTTO
Refills: 0

Qty: 30
Days: 30
Plan: CSIF

Due : \$0.00

** THANK YOU **
YOUR FRIENDLY NEIGHBORHOOD PHARMACY

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to FDA at 1-800-FDA-1088.

TREMONT PHARMACY & SURGICAL SUPPLY
Kingdom Rx Corp. DEA # FX2335128
3131 E. Tremont Ave.
Bronx, NY 10461

Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
840 EDISON AVE #BSMNT (347)398-9740
BRONX NY 10461
Rx#: 218624 Date Filled: 11/13/2017
DICLOFENAC SOL 1.5%

NDC: 59088-0372-10
Dr. KYLE OTTO
Refills: 1

Qty: 150
Days: 30
Plan: CSIF

Due : \$0.00

** THANK YOU **
YOUR FRIENDLY NEIGHBORHOOD PHARMACY

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to FDA at 1-800-FDA-1088.

TREMONT PHARMACY & SURGICAL SUPPLY
Kingdom Rx Corp. DEA # FX2335128
3131 E. Tremont Ave.
Bronx, NY 10461

Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
840 EDISON AVE #BSMNT (347)398-9740
BRONX NY 10461
Rx#: 218626 Date Filled: 11/13/2017
LIDOCAINE PATCH 5%

NDC: 59088-0396-54
Dr. KYLE OTTO
Refills: 1

Qty: 90
Days: 30
Plan: CSIF

Due : \$0.00

** THANK YOU **
YOUR FRIENDLY NEIGHBORHOOD PHARMACY

You may report side effects
to FDA at 1-800-FDA-1088.

SECURITY DRUGS
DEG SECURITY DRUGS, INC. DEA NO. 03413359
3419 BOSTON POST RD. COR. FISH AVENUE, BRONX, NY 10469

PHONE 654-6974
FAX 882-4648

Rx #: 6962278 NG/ Date Filled: 06-13-19

JOHNSON, ROBERT
1176 EAST 215TH STREET APT 1A, BRONX NY 10469

1 (ONE) TABLET TWO TIMES DAILY, AS NEEDED FOR PAIN, AFTER MEAL

IBUPROFEN TABS 600 MG ASC
Generic for IBUPROFEN 600 MG TABLET
Qty: 60 Refills: 0 Dr. KIM, TAESEO

ASCEND L48 06-13-19 Plan: AP1

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

Take This Medicine With A Snack Or Small Meal If Stomach Upset Occurs

SECURITY DRUGS
DEG SECURITY DRUGS, INC. DEA NO. 03413359
3419 BOSTON POST RD. COR. FISH AVENUE, BRONX, NY 10469

PHONE 654-6974
FAX 882-4648

Rx #: 6962277 NG/ Date Filled: 06-13-19

JOHNSON, ROBERT
1176 EAST 215TH STREET APT 1A, BRONX NY 10469

1 (ONE) CAPSULE AT BEDTIME

GABAPENTIN CAPS 300 MG ASC
Generic for NEURONTIN 300MG CAPSULE
Qty: 30 Refills: 0 Dr. KIM, TAESEO

06-13-19 Plan: AP1

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

Save This Receipt. It Is Your Official Receipt For Insurance Purposes.

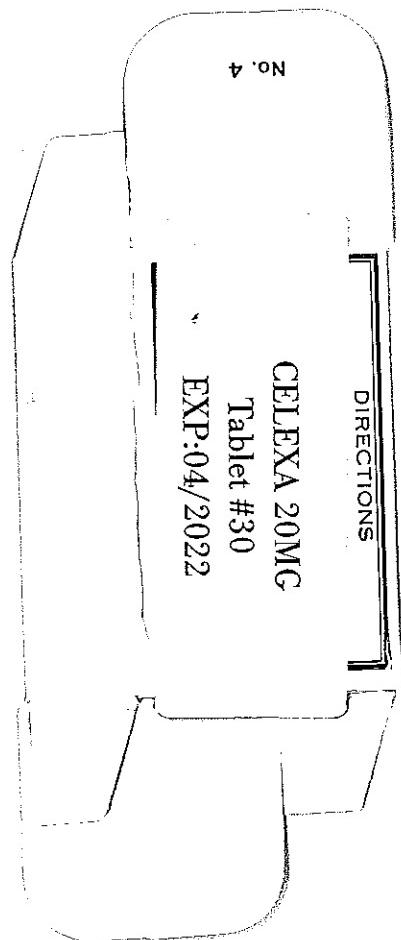
SECURITY DRUGS

"MORE THAN JUST A DRUG STORE"
3419 BOSTON POST RD., BRONX, NY 10459
(CORNER FISH AVENUE)
PHONE (718) 654-5974 - 654-6977
www.securitydrugs.com

DID YOU FORGET?

Convenient One Stop
Shopping At Your
Friendly Pharmacy.

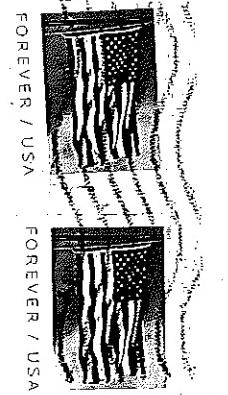
To Help You, Please
Check This List.
**If We Don't Have It,
We Will Order It!**



ROBERT W. JOHNSON
3345 FISH AVE.
BRONX NY

APT. 1

SEARCHED SERIALIZED INDEXED FILED
SEP 3 2019 PM 3:55



COURT CLERK
U.S. COURTHOUSE
500 PEARL ST.
NEW YORK NY 10007

JTSW
P3
GDNY